



**EMBASSY OF THE UNITED STATES OF AMERICA
Lusaka, Zambia**

United States Embassy
P. O. Box 31617
Lusaka, Zambia

Medical Examination Instructions

1. You have been given this letter because you must have a medical examination prior to your visa interview. This medical exam MUST be done by the under listed Embassy's Panel Physician:

LUSAKA Dr. Margaret M. Siwale
Lusaka Trust Hospital
Plot 2191, Nsumbu Rd., Woodlands
P.O. Box 35852, Lusaka, Zambia
Telephone: 0211-252190, 0211-253481, 0211-254702
Fax: 0211-252292
Email: lth@coppernet.zm

2. You are required to schedule an appointment for a medical examination. You will be required to pay the physician for the medical examination.
3. The panel physician already has the required medical forms which must be completed and sealed by him/her after the examination. This form, along with any X-ray film, must be presented at the time of the visa interview.
4. A blood test for the antibody to the Human Immunodeficiency Virus (HIV) is part of the medical exam for all persons. The results of this test will be provided to the Consular Officer.
4. The results of this medical exam are valid for a period of one year.